California Department of Education
(November 1998)

Instructional Time and Staff Development Reform Program
Authorized by Education Code sections 44579-44579.4

CERTIFICATION and REQUEST for ADVANCE FUNDING

For 1998-1999 Projected Activities

We, the undersigned local education agency, are planning to implement activities during the 1998-99 school year pertaining to the Instructional Time and Staff Development Reform Program, SB 1193, Chapter 313, Statutes of 1998. By my signature below, I do certify that our LEA has read and understands the purpose, guidelines, and regulations pertaining to this program. We will maintain contemporaneous records of attendance that correctly represent the full days of attendance claimed for each of the participants.

In recognition of this certification, we are requesting advance funding to support activities planned for 1998-99 pertaining to the Instructional Time and Staff Development Reform Program. (For charter schools: This charter school will meet the minimum instructional time requirements applicable to school districts)

<u>Planned Activities</u>

_____ for _____ classroom teachers @ $270 per day = $_____ (A1)
Day One   (number)

_____ for _____ classroom teachers @ $270 per day = $_____ (A2)
Day Two   (number)

_____ for _____ classroom teachers @ $270 per day = $_____ (A3)
Day Three   (number)

(Note: For determining eligibility for claiming $270, LEA should only
include employees "whose duties <u>require</u> him or her to
provide direct instruction to pupils." See Regulations)

_____ for _____ classroom aides/assistants @ $140 per day = $_____ (B)
Day One   (number)

(Note: For determining eligibility for claiming $140, LEA should   Sub-Total $_____
   only include employees whose duties require him or her to   (A1+A2+A3+B)
   assist classroom teachers in the supervision and instruction
   of pupils … see Regulations)

<u>x 80%</u>

Advance Requested --- TOTAL $_____

_____   _____-_____
     Name of Local Education Agency   Seven Digit County/District Code

_____   _____
     Address   County

_____   _____ ( )_____
     City, State, Zip   Contact Person & Telephone Number

_____   _____
     Signature of Superintendent or Authorized Designee   Date Signed

_____   _____
     Printed Name   Title